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**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE:    ☒ IXC        ☐ CLEC        ☐ ILEC        ☐ Wireless

**CERTIFICATED COMPANY INFORMATION**

<u>Alliance Group Services, Inc</u>	_____
Company Name	FEIN/SSN
_____	203-221-8700
Db/a/fka	Telephone #
<u>107 W Michigan 4th Fl</u>	_____
Mailing Address	_____
<u>Kalamazoo MI 49007</u>	_____
City, State, Zip Code	_____
<u>1221 Post Rd E</u>	_____
Business Location	_____
<u>Westport CT 06880</u>	<u>Fairfield</u>
City, State, Zip Code	County

**REGISTERED AGENT INFORMATION**

Registered Agent: B Allston Moore Jr

Mailing Address: 5 Exchange St

City, State, Zip Code: Charleston SC 29401

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A.    Mary O'Keeffe  
**General Manager** (Include address if different than above.)  
203-221-8700        / 203-221-8705        / mok@alliancegrp.com  
Telephone Number                      Facsimile Number                      E-mail Address
- B.    Mary O'Keeffe  
**Customer Relations /Complaints Representative** (Include address if different than above.)  
203-221-8700 x48 / 203-221-8705 / mok@alliancegrp.com  
Telephone Number                      Facsimile Number                      E-mail Address
- C1.   Mary O'Keeffe  
**Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above.)  
203-221-8700 x48 / 203-221-8705 / mok@alliancegrp.com  
Telephone Number                      Facsimile Number                      E-mail Address
- C2.   800-756-2236  
**Customer Contact (Toll Free Number)**
- D.    \_\_\_\_\_  
**Engineering Operations** (Include address if different than above.)  
\_\_\_\_\_  
Telephone Number                      Facsimile Number                      E-mail Address
- E.    \_\_\_\_\_  
**Test and Repair** (Include address if different than above.)  
\_\_\_\_\_  
Telephone Number                      Facsimile Number                      E-mail Address

F.

**Emergencies** (During non-office hours)

Telephone Number

Facsimile Number

E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G.

Mary O'Keefe

**Regulatory Officer** (Include address if different than above.)

203-221-8700

/ 203-221-8705

/mok@alliancegrp.com

Telephone Number

Facsimile Number

E-mail Address

H.

**Dual Party Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

I.

**Interim LEC Fund Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

J.

Patrick D Crocker

**Universal Service Fund Mailings** (Name)

107 W Michigan 4th Fl, Kalamazoo MI 49007

Mailing Address

269-381-8888

/ 269-381-4855

/contact@nationwideregulatorycompliance.com

Telephone Number

Facsimile Number

E-mail Address

K.

Patrick D Crocker

**Gross Receipts Mailings** (Name)

107 W Michigan 4th Fl, Kalamazoo MI 49007

Mailing Address

269-381-8888

/ 269-381-4855

/contact@nationwideregulatorycompliance.com

Telephone Number

Facsimile Number

E-mail Address

L.

**Lifeline Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

Patrick D Crocker

This form was completed by (print name)

President, Nationwide

Regulatory Compliance, LLC

Title

Signature

03/22/13

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Clerk's Office**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

(Rev. PSC 11/2010)